



# South Carolina

## Closing the Disparity Gap for Cardiovascular Disease in African American Communities

### Producing Results

In efforts to close the disparity gap for cardiovascular disease, faith organizations in African American communities are implementing programs and organizational changes to address control of high blood pressure and high blood cholesterol and other cardiovascular risk factors.

### Public Health Problem

Every year, more than one in four South Carolina residents have a diagnosis of some form of heart disease and stroke, and in 2000, almost 14,000 persons died of heart disease and stroke. Thirty percent of South Carolinians are African American, and they carry a disproportionate burden of cardiovascular-related deaths and hospitalizations. These illnesses also result in stroke rates that are higher than the national average, and they affect the quality of life, resulting in life expectancy 10 years less than that for the average South Carolinian. The Institute of Medicine has reported that many social, economic, political, and cultural factors are associated with health and disease and that changes in individual health behaviors alone are not likely to result in improved health and quality of life. However, environmental and policy changes affecting large segments of the population can affect the informational, physical, social, or economic environment to facilitate healthier behavior.

### Taking Action

In 2002, the South Carolina Cardiovascular Health Program provided funding and training to eight health districts to implement cardiovascular health projects in collaboration with local community partners. Each of the eight districts has sponsored activities and training courses designed to create heart-healthy policies and environmental supports in African American communities. The Palmetto Health District: Promoting Healthy Congregations Project is one example. The project goals focus on increasing heart-healthy policy and environmental supports in faith-based congregations in the following ways: 1) develop a map to identify strengths, assets, and resources in the community; 2) create a community-wide media campaign (e.g., use of print and broadcast channels) to increase awareness of high blood pressure and the signs and symptoms of heart disease and stroke; and 3) implement CVH interventions to promote policy and environmental changes to help make the church a more heart-healthy organization. Churches and faith organizations select and implement policy and environmental strategies that are appropriate to their needs and that address control of high blood pressure and high blood cholesterol, prevention of tobacco use, increased physical activity, and improved nutrition.

### Implications and Impact

In South Carolina, African Americans are at an increased risk for developing heart disease and stroke across all age groups and socioeconomic groups. Efforts to focus on this population through local community partners should result in strong social support for policy and environmental interventions that encourage and maintain heart-healthy behaviors.

### Contact Information

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